PSYCHOSOCIAL PROBLEMS OF HEARING IMPAIRED ADOLESCENTS – A REVIEW

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ABSTRACT

Hearing is an important part of learning speech and language. It develops child emotional, physical, mental, and spiritual wellbeing. Language is a basic tool for interpersonal relationships and also an act of communication that allows people to exchange ideas and emotions. Most of the children hear from birth. They learn to interact by imitating the sounds but when hearing loss or impairment exists and often goes unnoticed delayed speech and language learning can take place consequently affecting cognitive and behavioral skills. Early detection of hearing impairment is therefore essential, in order to allow more successful intervention and rehabilitation.

Key Words: *Psychosocial problems, Hearing impairment, Hearing impaired adolescents*.

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INTRODUCTION

Adolescence is generally regarded as an important time of growth and change in a child's life where many important decisions are made. The limitations imposed by the impairment, combined with the environment to which they are exposed, may not be conducive to normal development. So, while on the one hand adolescents with hearing impairment face the same developmental needs and tasks that confront hearing adolescents, yet their passage through normal developmental stages may become more complicated and may lead deaf adolescents to struggle with certain issues, such as bodily changes, peer relationships, autonomy, economic independence, marriage and family, and personal identity, developing low self esteem, social and behavioral problems**.** Hearing loss may be congenital or onset after birth due to impacted wax; ear infections; growth in the ear; noise induced hearing loss, trauma or sudden deafness of unknown etiology. The investigator has tried an intensive review of literature from published and unpublished articles, books, documents, reports, journals and various other publications on research and non-research literature. The review is detailed under the following headings:

1. **Literature related to incidence of hearing impaired adolescents.**
2. **Literature related to barriers in effective communication of hearing impaired adolescents.**
2. **Literature related to psychological problems of hearing impaired adolescents.**
3. **Literature related to social problems of hearing impaired adolescents.**

1. Literature related to incidence of hearing impaired adolescents.

World Health Organization conducted a survey that the world wide incidence of profound hearing loss is estimated to be approximately 1 in 1000 live births and in India the incidence of hearing impairment is approximately 3 to 4 per 1000 births and the deafness figure at 6.3% of the Indian population.

Indian Journal of Pediatrics (2004) reported that about 50% of hearing loss may be genetic or hereditary associated with defects in other organ systems.

Ali Yavar Jung National Institute for the Hearing Handicapped depicts that the prevalence of hearing loss in school-age population is about 11.3%.

The **School Screening Report** showed that 14.55% of the children in the age group of 10 to 13 years had year problems. Test showed that 66% had confirmed ear problems such as impacted wax, dull tympanic membrane and upper respiratory tract infection.

H. M Fortnum 1988 conducted a study on hearing impairment after bacterial meningitis reported the incidence of permanent sensory neural hearing impairment in children surviving bacterial meningitis to be approximately 10%.

American Academy of Pediatrics significant bilateral hearing loss is present in 1 to 3 per 1000 newborn infants in the well-baby nursery population, and in 2 to 4 per 100 infants in the intensive care unit population. Currently, the average age of detection of significant hearing loss is 14 months. Early detection of hearing impairment is therefore essential, in order to allow more successful intervention and rehabilitation.

2. Literature related to barriers in effective communication of hearing impaired adolescents.

In a study conducted by **Gilbertson 1995 Lederberg 2000 Stelmachowicz et al 2004** reported the effect of hearing loss on word learning in children as they investigated the production and perception of nonsense words in 5 to 9 year old children with normal hearing and in 7 to 10 year old children with hearing loss. Their results revealed significantly poorer performance by the children with hearing loss for at least 3 of the 4 nonsense words presented.

A.L. Pittman et al. 2005 conducted a study on examining rapid word learning in normal hearing and hearing impaired children of 5 to 14 years of age on effects of age, receptive vocabulary, and high-frequency amplification which consisted of 60 children with normal hearing and 37 children with moderate sensory neural hearing losses. In this study children were introduced to unfamiliar words presented through live voice or through video-taped stories. Each child viewed a 4 minute animated slideshow containing 8 nonsense words created using the 24 English consonant phonemes (3 consonants per word). Each word was repeated 3 times. Half of the 8 words were low pass filtered at 4 kHz and half were filtered at 9 kHz. After viewing the story twice, each child was asked to identify the words from among pictures in the slide show. Prior to testing, a measure of current receptive vocabulary was obtained using the Peabody Picture Vocabulary Test (PPVT-III). The result shown that the Peabody Picture Vocabulary Test scores of the hearing-impaired children were significantly poorer than those of the normal-hearing children across the age range tested. A similar pattern of results was observed for word learning in that the performance of the hearing impaired children was significantly poorer than that of the normal hearing children.

3. Literature related to psychological problems of hearing impaired adolescents.

English (2002) conducted a study on friendship formation by deaf children. The findings of the study reveals that, 50% of deaf children showed anxiety about making friends, as opposed to only 12% of hearing children.

In a study conducted by Edwards et al. 1996 shown that those deaf children who used cochlear implant devices improved their ability to hear and their problem was reduced to 10% post-implant from 20% pre-implant.

Desselle & Jones et al 1994 emphasized that the cause for the psychological problems was difficult to isolate as evidenced by behaviors of low self-esteem in children and high stress levels in parents, the problem was approached by comparing what had been identified at the school with the information given by the literature about common psychological problems among children who are deaf and their parents. Based on what is known about the importance of communication in family functioning, the literature shows how feelings denial and shame can contribute to difficulty in accepting and adjusting to disability.

Jesper Dammeyer 2009 conducted a study on psychosocial development in a Danish population of children with cochlear implants and deaf and deaf and hard-of-hearing children. In his study 334 children from six different schools all over Denmark were included. All 334 children were between 6 and 19 years old, of which 183 were boys (55.2%) and 151 were girls (45.2%). The children were divided into three separate groups: 119 were deaf (36.4%), 116 were hard of hearing (35.5%), and 92 had cochlear implant (28.1%). Mean age of the deaf children was 14.1 years (SD 52.3), the hard of hearing children was 12.9 years (SD 52.9), and the cochlear implanted children was 11.0 years (SD 52.4). The study contained for single-item scales and one questionnaire: a speech intelligibility scale, an auditory performance scale, a sign language production scale, and the psychosocial difficulties were 3.7 times greater as compared with a group of hearing children. In the group of children with additional disabilities, the prevalence was 3 times greater as compared with children without additional disabilities.

4. Literature related to social problems of hearing impaired adolescents.

Carol Musselman et al. 1988 conducted a study on the social adjustment of deaf adolescents in segregated, partially integrated, and mainstreamed settings. This study examined the social adjustment of deaf adolescents enrolled in segregated (n=39), partially integrated (n=15), and mainstreamed (n=17) settings, comparing them with a control group of hearing students (n=88). The results of the study showed that the segregated students had the lowest levels of adjustment overall, partially integrated students reported better adjustment than mainstreamed students reported better adjustment than partially integrated students with hearing peers, showing the same levels of adjustment with hearing peers as hearing students. Regardless of placement, deaf students reported better or equal adjustment with deaf than with hearing peers.

Rajni Dhingra et. al. 2007 conducted a study to assess certain selected variables (family environment and social adjustment) related to hearing impaired children. The sample for the study comprised of 15 hearing impaired children in the age group of 10-17 years, their parents, siblings and teachers. The entire core sample was selected by random sampling procedure from J & K Samaj Kalyan Kendra, the only institution for hearing impaired children in Jammu (J & K). Tools used for data collection included Family Environment Scale and Social Adjustment Inventory (Deva 1982) along with interviews and participant observations. Result reveal that the disability of majority of the sample was detected late as a consequence of which the speech of these children was affected. Most of the parents were found to provide supportive environment to the hearing impaired children and exhibited adaptability in adjusting to the special needs of their impaired children. The parents also reported incidences of negative social response. Almost all the families scored average on most of the dimensions of Family Environment Scale such as Cohesion, Organization, Active recreation orientation etc.

CONCLUSION

Hence it can be concluded that deaf adolescents are more prone to experiencing psychological and social problems. As communication was emphasized as having a significant effect on the adolescent's well-being, helping the child learn to communicate effectively with others may help to increase social interaction and encourage more positive psychological development. Parents of deaf children have the opportunity to not only cushion the effects of deafness on the child, but can help the adolescent to embrace their deafness. The family essentially holds the choice and responsibility to either allow the adolescent to live as an impaired individual or as one who celebrates the fact that they simply see the world through a different set of eyes.

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